Western New York Rural Area Health Education Center

Project Leader(s) & Business Affiliations	Kenneth Oakley - CEO & Project Coordinator (koakley@r-ahec.org)
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Organization Legally & Financially Responsible:	Western New York Rural Area Health Education Center, Inc.

Brief Description how coordinated through state or region:

R-AHEC staff having been actively working to coordinate our Rural Pilot efforts with that of others in several different ways:

1) We have had three regional meetings of the Project Technical Working Group (TWG) comprising of CIO's and Network Directors of the partnering healthcare organizations.

2) We have had numerous meetings with the two Regional Health Information Organizations (RHIO) operating within our shared catchment area.

3) We have had two meetings with the Office of the Deputy Commissioner , NYS DOH Office of Information Technology Transformation, along with the two other RHCP awardees in New York State. The focus is to ensure interoperability and interconnectivity between the three RHCP projects in New York State.

> R-AHEC staff has been actively working to coordinate our Rural Pilot efforts with that of others in several different ways:
> 1) We have submitted the draft version of our proposed RFP for review by our coach.
> 2) We are in discussions with the two other RHCP projects in NY State and with the NY State eHealth Collaborative about the sustainability plan for our project within the context of NY State's plans for a Broadband Health
> 3) We have conducted multiple information sessions with the carrier organizations in our region to provide them information about the FCC Rural Healthcare Broadband Project and to learn about their facilities, technologies and capabilities for offering rural broadband services care Network

Western New York Rural Area Health Education Center

R-AHEC has been actively working to coordinate our Rural Pilot efforts with that of others in serveral different ways:
1) We are currentl y working with our coach for the finalization our proposed RFP and supporting documentation.
2) We have continued in discussions with the other two RHCP projects in NY and with the NYState eHealth Collaborative. The Office of HIT at the NY State Department of Health is actively following the development of our RHCP project.

R-AHEC has been actively working to coordinate our Rural Pilot efforts with that of others in serveral different ways:
1) Finalization our proposed RFP and supporting documentation, posted on USAC website 07/02/09.
2) Vendor responses, were received on 08/17/09.
3) Bid Review committee was established for review of vendor responses and selection of vendor.
4) We have continued in discussions with the other two RHCP projects in NY and with the NYState eHealth Collaborative. The Office of HIT at the NY State Department of Health is actively following the development of our RHCP project.

Facility Name	Address	City	State	Zip	County	Phone	Fax	Rural Urban Commuting Area (RUCA)	State Code	County Code	Census Tract	Not-for-Profit or For-Profit	Eligible	Why Eligible or Ineligible	NYS DOH Operating Certificate #:
Academic Medical Services	462 Grider Street	Buffalo	New York	14215	Erie	(716) 898-4328		1	36	029	0039.02	Not-For Profit	Yes	Teaching facility	-
Brooks Memorial Hospital	529 Central Ave	Dunkirk	New York	14048	Chautauqua	(716) 366-1111		4	36	013	0356.00	Not-For Profit	Yes	Non-Profit Health Care Entity	0601000H
Catholic Health Systems	Seton Professional Building; 2121 Main Street; Suite 300	Buffalo	New York	14214	Erie	(716) 862-2400	(716) 862-2468	1	36	029	0052.01	Not-For Profit	Yes	Non-Profit Health Care Entity	multiple
Clifton Springs Hospital & Clinic	2 Coulter Road	Clifton Springs	New York	14432	Ontario	(315) 462-9561	(315) 462-3492	4.1	36	069	0503.01	Not-For Profit	Yes	Non-Profit Health Care Entity	3421000H
Erie County Medical Center (ECMC)	462 Grider Street	Buffalo	New York	14215	Erie	(716) 898-3000		1	36	029	0039.02	Not-For Profit	Yes	Non-Profit Health Care Entity	1401005H
Finger Lakes Migrant Health Care Project, Inc. (Sodus Clinic)	6692 Middle Road Suite 2100	Sodus	New York	14451	Wayne	(315) 483-1199	(315) 483-2451	1	36	117	0208.00	Not-For Profit	Yes	FQHC	-
Finger Lakes Migrant Health Care Project, Inc. (Geneva Clinic)	601B Washington Street	Geneva	New York	14456	Ontario	(315) 781-8448	(315) 781-8444	4	36	069	0515.00	Not-For Profit	Yes	FQHC	-
Finger Lakes Migrant Health Care Project, Inc. (Port Byron Clinic)	60 Main Street	Port Byron	New York	13160	Cayuga	(315) 776-9700	(315) 776-9701	5	36	011	0403.00	Not-For Profit	Yes	FQHC	-
Geneva General Hospital	196 North Street	Geneva	New York	14456	Ontario	(315) 787-4000		4	36	069	0517.00	Not-For Profit	Yes	Non-Profit Health Care Entity	3402000H
Ira Davenport Memorial Hospital, Inc.	7571 State Route 54	Bath	New York	14810	Steuben	(607) 776-8500		7.4	36	101	9614.00	Not-For Profit	Yes	Non-Profit Health Care Entity	5022000H
Jones Memorial Hospital	191 North Main Street; PO BOX 72	Wellsville	New York	14895	Allegany	(585) 596-4002		7	36	003	9507.00	Not-For Profit	Yes	Non-Profit Health Care Entity	0228000H
Kaleida Health	100 High Street	Buffalo	New York	14203	Erie	(716) 859-2732	(716) 859-3323	1	36	029	0031.00	Not-For Profit	Yes	Non-Profit Health Care Entity	multiple
Lakeshore Health Care Center	845 Routes 5 & 20	Irving	New York	14081	Chautauqua	(716) 951-7000	(716) 951-7046	7.1	36	013	0351.00	Not-For Profit	Yes	Rural Health Clinic	0427000H
Lakeside Health System	150 West Avenue	Brockport	New York	14420	Monroe	(585) 395-6095		1	36	055	0152.00	Not-For Profit	Yes	Non-Profit Health Care Entity	2728001H
Medina Memorial Health Care System	200 Ohio Street	Medina	New York	14103	Orleans	(585) 798-2000	(585) 798-8444	7	36	073	0404.00	Not-For Profit	Yes	Non-Profit Health Care Entity	3622000H
Mount St. Mary's Hospital and Health Center	5300 Military Road	Lewiston	New York	14092	Niagara	(716) 298-2173	(419) 844-6157	1	36	063	0244.04	Not-For Profit	Yes	Non-Profit Health Care Entity	3121001H
Niagara Falls Memorial Medical Center	621 Tenth Street	Niagara Falls	New York	14302	Niagara	(716) 278-4000		1	36	063	0212.00	Not-For Profit	Yes	Non-Profit Health Care Entity	3102000H
Nicholas H. Noyes Memorial Hospital	111 Clara Barton Street	Dansville	New York	14437	Livingston	(585) 335-4321		7.3	36	051	0314.00	Not-For Profit	Yes	Non-Profit Health Care Entity	2527000H
Oak Orchard Community Health Center, Inc. (Albion Clinic)	245 South Main Street	Albion	New York	14411	Orleans	(585) 589-4519	(585) 637-4990	8.3	36	073	0407.00	Not-For Profit	Yes	FQHC	-
Oak Orchard Community Health Center, Inc. (Lyndonville Clinic)	77 South Main Street	Lyndonville	New York	14098	Orleans	(585) 637-3905	(585) 637-4990	3	36	073	4010.01	Not-For Profit	Yes	FQHC	-
Oak Orchard Community Health Center, Inc. (West Ave - Ablion Clinic)	301 West Ave	Albion	New York	14411	Orleans	(585) 589-5613	(585) 589-0872	8.3	36	073	0407.00	Not-For Profit	Yes	FQHC	-
Oak Orchard Community Health Center, Inc. (West Ave - Brockport Clinic)	300 West Ave	Brockport	New York	14420	Monroe	(585) 637-3905	(585) 637-4990	3	36	055	0152.00	Not-For Profit	Yes	FQHC	-
Olean General Hospital	515 Main Street	Olean	New York	14760	Cattaraugus	(716) 373-2600	(716) 375-6394	4	36	009	9615.00	Not-For Profit	Yes	Non-Profit Health Care Entity	0401001H
Planned Parenthood of WNY (Lockport Site)	38 Heritage Court	Lockport	New York	14094	Niagara	(716) 433-4427	(716) 831-1065	4.1	36	063	0237.00	Not-For Profit	Yes	Non-Profit Health Care Entity	1401235R
Planned Parenthood of WNY (Niagara Falls Site)	732 Portage Road; Haeberle Plaza	Niagara Falls	New York	14301	Niagara	(716) 282-1223	(716) 831-1065	1	36	063	0209.00	Not-For Profit	Yes	Non-Profit Health Care Entity	1401235R
Rochester General (Via Health)	333 Humboldt Street; PO BOX 10790	Rochester	New York	14610	Monroe	(585) 922-1651		1	36	055	0077.00	Not-For Profit	Yes	Non-Profit Health Care Entity	2701003H
Schuyler Hospital	200 Steuben Street	Montour Falls	New York	14865	Schuyler	(607) 535-7121	(607) 535-9097	10.4	36	097	9504.00	Not-For Profit	Yes	Non-Profit Health Care Entity	4823700C
St. James Mercy Health System	411 Canisteo Street	Hornell	New York	14843	Steuben	(607) 324-8113	(607) 324-8960	4	36	101	9608.00	Not-For Profit	Yes	Non-Profit Health Care Entity	5002001H
St. Joseph's Hospital	555 East Market Street	Elmira	New York	14901	Chemung	(607) 733-6541		1	36	015	0008.00	Not-For Profit	Yes	Non-Profit Health Care Entity	0701001H
The Resource Center	800 East Second Street	Jamestown	New York	14701	Chautauqua	(716) 483-2344		4	36	013	0301.00	Not-For Profit	Yes	Non-Profit Health Care Entity	060221R
Thompson Health	350 Parrish Street	Canandaigua	New York	14424	Ontario	(585) 396-6000	(585) 396-6477	4.1	36	069	0510.00	Not-For Profit	Yes	Non-Profit Health Care Entity	3429000H
TLC Health Network	845 Routes 5 & 20	Irving	New York	14081	Chautauqua	(716) 951-7000	(716) 951-7046	7.1	36	013	0351.00	Not-For Profit	Yes	Non-Profit Health Care Entity	0427000H
Tri-County Memorial Hospital	100 Memorial Drive	Gowanda	New York	14070	Cattaraugus	(716) 951-5034	(716) 532-8091	9.1	36	009	9604.00	Not-For Profit	Yes	Non-Profit Health Care Entity	0427000H
UB Family Medicine, Inc.	462 Grider Street	Buffalo	New York	14215	Erie	(716) 898-5212		1	36	029	0039.02	Not-For Profit	Yes	Teaching facility	-
UB School of Medicine & Biomedical Sciences	155 Biomedical Education Building; 3435 Main Street	Buffalo	New York	14214	Erie	(716) 829-2975	(716) 829-2915	1	36	029	0046.02	Not-For Profit	Yes	Teaching facility	-
United Memorial Medical Center	127 North Street	Batavia	New York	14020	Genesee	(585) 343-6030	(585) 344-7434	4.2	36	037	9508.00	Not-For Profit	Yes	Non-Profit Health Care Entity	1801000H
University @ Buffalo Neurosurgery	3 Gates Circle	Buffalo	New York	14209	Erie	(716) 887-5200		1	36	029	0063.02	Not-For Profit	Yes	Teaching facility	-
University Orthopaedic Services, Inc	3435 Main Street	Buffalo	New York	14214	Erie	(716) 829-3670	(716) 829-3514	1	36	029	0046.02	Not-For Profit	Yes	Teaching facility	-
WCA Hospital	207 Foote Avenue; PO BOX 840	Jamestown	New York	14702	Chautauqua	(716) 487-0141	(716) 664-8336	4	36	013	0306.00	Not-For Profit	Yes	Non-Profit Health Care Entity	0602001H
Western New York Rural Area Health Education Center	20 Duncan Street, PO BOX 152	Warsaw	New York	14569	Wyoming	(585) 786-6275	(585) 786-6280	7.3	36	0121	9905.00	Not-For Profit	No	Ineligible	-
Westfield Memorial Hospital	189 East Main Street	Westfield	New York	16544	Chautauqua	(716) 326-4921		7.4	36	013	0365.00	Not-For Profit	Yes	Non-Profit Health Care Entity	0632000H
Wyoming County Community Health System	400 North Main Street	Warsaw	New York	14569	Wyoming	(585) 786-8940	(585) 786-1222	7	36	121	9905.00	Not-For Profit	Yes	Non-Profit Health Care Entity	6027000H

Updated/New information for the quarterly report appears in the purple, bold, italic font

Network Narrative

A) Brief Description of backbone network of dedicated health care network (e.g. MPLS Network, carrier-provided VPN, a SONET ring

The Western New York Rural Healthcare Broadband Network (WNY RHBN) is a dedicated Internet Protocol (IP)-based broadband healthcare network that will provide each partner facility a minimum of 10 Megabits per second (Mbps) minimum scalable upwards bandwidth, based upon facility, connecting them over a secure enterprise wide-area-network, with Quality of Service (QoS) features and the option of connecting to the commercial Internet & to Internet 2. When fully implemented, the WNY RBHN will bring services to rural communities through innovative health information technology applications, including telemedicine, imaging, and electronic medical records.

B) Explanation of how health care provider sites will connect to (or access) the network, including access technologies/services and transmission speeds

Each partner facility a minimum of 10 Megabits per second (Mbps) minimum scalable upwards bandwidth, based upon facility, connecting them over a secure enterprise wide-area-network, with Quality of Service (QoS) features and the option of connecting to the commercial Internet & to Internet 2.

C) Explanation of how and where network will connect to a national backbone such as NLR or Internet2

It is proposed that the Western New York Rural Healthcare Broadband Network (WNY RHBN) - a dedicated Internet Protocol (IP)-based broadband healthcare network - will have connectivity to Internet 2 through the nearest NYSERNET point of presence (POP) -NYSERNET is the agency that is responsible for Internet2 connectivity in New York state. At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

D) Number of miles of fiber construction, and whether the fiber is buried or aerial

At this time we have completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

E) Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.
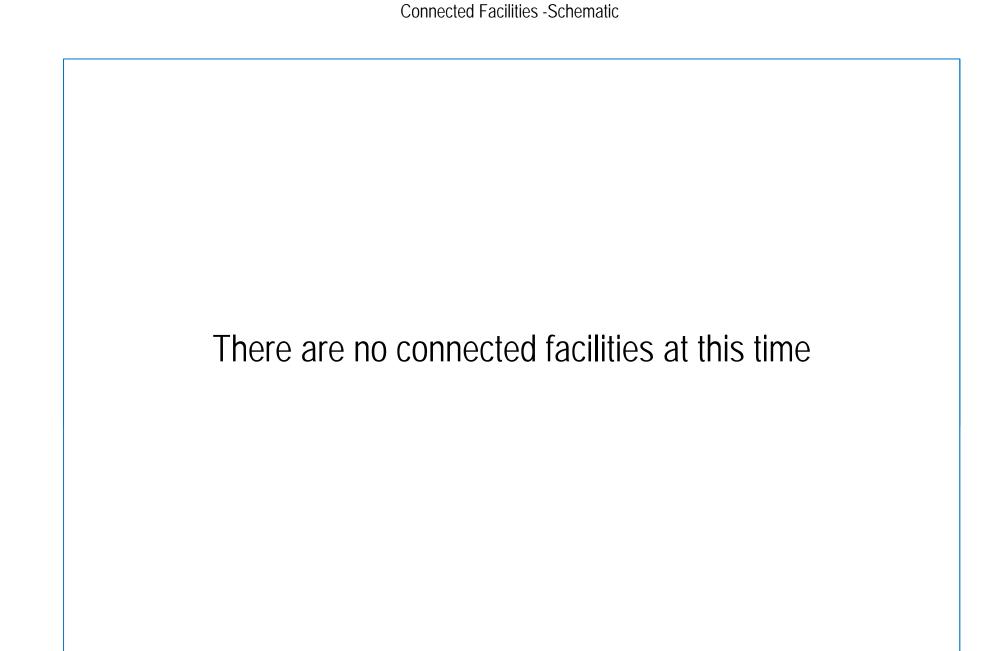
At this time we have completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

Connected Facilities

Entity Name	Address	City	State	Zip	Eligible Provider	Type Of Connection	How Provided	Service and/or Speed	Gateway to NRL, Internet2, Or Public Internet (Yes/No)	Site Equipment	Manufacturer	Model
			NY									

There are no connected facilities at this time

New information for the quarterly report appears in the purple, bold, italic font

Western New York Rural Area Health Education Center

There are no connected facilities at this time

New information for the quarterly report appears in the purple, bold, italic font

Recurring & NonRecurring Cost

Expense Incurred by:	Type Of Cost	Allocation of Cost	Recurring or Non-Recurring?	Eligible/Ineligible ?	Contributions from Other Sources ?	Source of Contribution	Source Name:	Amount:	
Western New York Rural AHEC (January 01, 2008 - June 30, 2008)	RFP Development	RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 18,568.52	
Western New York Rural AHEC (January 01, 2008 - June 30, 2008)	RFP Development	Subcontracted Services - RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 26,207.59	
Western New York Rural AHEC (July 01, 2008 - September 30, 2008)	RFP Development	RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 8,955.51	
Western New York Rural AHEC (July 01, 2008 - September 30, 2008)	RFP Development	Subcontracted Services - RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 6,972.09	
Western New York Rural AHEC (October 01, 2008 - December 31, 2008)	RFP Development	RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 6,408.12	
Western New York Rural AHEC (October 01, 2008 - December 31, 2008)	RFP Development	Subcontracted Services - RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 24,629.65	
Western New York Rural AHEC (January 01, 2009 - February 28, 2009)	RFP Development	RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 7,035.18	* Please note dates does not include March
Western New York Rural AHEC (January 01, 2009 - February 28, 2009)	RFP Development	Subcontracted Services - RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 7,801.00	* Please note dates does not include March
Western New York Rural AHEC (March 01, 2009 - May 31, 2009)	RFP Development	RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 14,996.73	* Please note dates does not include June
Western New York Rural AHEC (March 01, 2009 - May 31, 2009)	RFP Development	Subcontracted Services - RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 7,082.70	* Please note dates does not include June
Western New York Rural AHEC (June 01, 2009 - September 30, 2009)	RFP Development	RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 14,402.77	
Western New York Rural AHEC (June 01, 2009 - September 30, 2009)	RFP Development	Subcontracted Services - RFP Design	Non-Recurring	Eligible	Yes	Local	Western New York Rural AHEC	$ 16,773.36	
Western New York Rural AHEC (October 01, 2009 - November 30, 2009)	*RFP Development*	*RFP Design*	*Non-Recurring*	*Eligible*	*Yes*	*Local*	*Western New York Rural AHEC*	*$ 10,328.09*	* Please note dates does not include
Western New York Rural AHEC (October 01, 2009 - November 30, 2009)	*RFP Development*	*Subcontracted Services - RFP Design*	*Non-Recurring*	*Eligible*	*Yes*	*Local*	*Western New York Rural AHEC*	*$ 5,540.00*	* Please note dates does not include
							Total:	$ 175,701.31	

* New information for the quarterly report appears in the purple, bold, italic font

Explanation of Costs

A) Explanation of Costs identified, allocated, and apportioned to both eligible and ineligible network participants.
The costs that we are identifying are eligible expenses that were incurred in the RFP Design and Development phase of the project . Within this category the key areas of focus have been developing the engineering and design criteria for the RFP and coordinating carrier information sessions with carrier organizations in our region to learn about their technolofges, facilities and capabilities to design and implement rural broadband networks . Other areas of effort includes coordinating with the two regional RHIOs, New York State DOH Office for HIT transformation and the two other RHCP awardees in New York State.

B) Describe source of funds from:
i) Eligible Pilot Program Network Participants.
Fifteen percent contribution towards the cost of bandwidth and other broadband services provisioned for each of the Pilot Program participants..

ii) Ineligible Pilot Program network participants.
Ineligible Pilot Program network participants will pay their full share through native revenues, or through funding sources such as Federal, state and/or local grants.

C) Show contributions from all other sources (e.g. local, state, and federal sources, and other grants)
i) Identify sources of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program Participants
We are currently still in the RFP design and development phase of the project and therefore, we are currently unable to identify additional sources of financial support and anticipated revenues for costs that are not covered by the Pilot Program Participants. However, as a proactive measure on behalf of all our Pilot Program Participants, the Western New York Rural AHEC is pursuing other Federal and NY State grant funding opportunities to procure equipment and services ineligible to the FCC Pilot Program funding.

ii) Identify the respective amounts and remaining time for such assistance.

At this time we are still trying to identify where the respective amounts and time frames for the assistance will be coming from as we are still in the design and development phase of the project. (Please see Section C, subsection i)

D) Explain how selected participants 15% contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.
We are still currently in the design and development phase of the project. However, all Pilot Program Participants are in agreement that they will contribute fifteen percent of the bandwidth and broadband services provisioned for there respective facilitites.

A) Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.

1) Confirm the ineligibility of the entity with FCC/USAC
2) Convey the ineligibility to the entity
3) Identify the entity's requirement for the broadband services over the WNY RBHN and ensure that the requirements are for acceptable healthcare applications
4) Identify and convey the costs of broadband access to the entity
5) Sign the Memorandum of Understanding with the entity
6) Proceed with broadband service provisioning

Management Plan & Schedule

Management Team:
Kenneth Oakley (Project Coordinator): Phone: 585-344-1022   Email: koakley@r-ahec.org
Sandeep Krishnan (Project Manager): Phone: 585-329-1625   Email: sandeep.krishnan@medtecintl.com
Kimberly Cummins (APC/Project Administrative Coordinator): Phone: 585-786-6275   Email: kcummins@r-ahec.org

First Quarterly Report ~ July 30, 2008

Projected Schedule*:

Mid to Late October 2008 - Complete Draft RFP and sumbit for review

Mid November 2008 - Submission of 465 & RFP

January 2009 thru February 2009 - Competitive Bidding Process

March 2009 - Review and selection of vendor(s) for project.

March-April 2009 - Submission of 466-A & Supporting information, Certification by vendor(s)

May 2009 - Funding Commitment Letters

June 2009 - Submission of 467 & Supporting information

July 2009 - Begin project build out.

* Timelines provided are based on best case scenario developed by the Project TWG and are subject to change based on unforseen circumstances.

Second Quarterly Report ~ October 30, 2008

Projected Schedule*:

Late October 2008 thru Early November 2008 - Complete Draft RFP and sumbit for review

Late November 2008 thru mid December 2008 - Submission of 465 & RFP

late December 2008 thru late January 2009 - Competitive Bidding Process

February 2009 thru mid March 2009- Review and selection of vendor(s) for project.

late March thru mid April 2009 - Submission of 466-A & Supporting information, Certification by vendor(s)

late April 2009 thru early May 2009 - Funding Commitment Letters issued

late May 2009 thru early June 2009 - Submission of 467 & Supporting information

Mid June 2009- Begin project build out.

* Timeline provided is based on best case scenario developed by the Project TWG and is subject to change based on any unforseen circumstances

Management Plan & Schedule

<u>Third Quarterly Report ~ January 30, 2009</u>

<u>Projected Schedule</u>*:
End of December 2008 thru early January 2009 - Complete Draft RFP and sumbit for review (submitted for review)

Mid January 2009- Submission of 465 & 465 attachment (Completed)

Late January 2009 thru Early February 2008 - RFP posted on web & competitive bidding process

Late February 2009 thru Mid March 2009- Review and selection of vendor(s) for project.

Late March 2009 - Submission of 466-A & Supporting information, Certification by vendor(s)

Early April 2009 thru Mid April 2009 - Funding Commitment Letters issued

Late April 2009 thru early May 2009 - Submission of 467 & Supporting information

Mid May 2009- Begin project build out.

Fourth Quarterly Report ~ March 30, 2009

<u>Projected Schedule</u>*:

Late April 2009 thru Early May 2009 - Final approval on RFP submission and supporting documentation

Late May 2009 thru Early June 2009 - 45 day waiting period

Mid June 2009 - Selection of a vendor(s) for the project

Mid June 2009 - Submission of 466-A & Supporting information, Certification by vendor(s)

Late June 2009 - Funding Commitment Letters issued

Late June 2009 thru Early July 2009 - Submission of 467 & Supporting Information

Mid July - Begin project build out.

* Timeline provided is based on best case scenario developed by the Project TWG and is subject to change based on any unforseen circumstances

Fifth Quarterly Report ~ July 30, 2009

Early July, 2009 - final approval of RFP and supporting documentation, submission & posting
Mid July, 2009 thru Mid August, 2009 - 45 day waiting period. Answering questions from vendors
Mid August, 2009 thru Early September , 2009- review of submitted documents & selection of vendor(s)
Early September, 2009 thru Mid September, 2009 - Submission of 466-A & Supporting Info, Certification of Vendor(s)
Late September, 2009 - Funding Commitment Letter issued
Late September, 2009 thru Early October, 2009 - Submission of 467 & Supporting documentation in addition to the starting of project build out.

* Timeline provided is based on best case scenario developed by the Project TWG and is subject to change based on any unforseen circumstances

Sixth Quarterly Report ~ October 30, 2009

Early July, 2009 - final approval of RFP and supporting documentation, submission & posting
Mid July, 2009 thru Mid August, 2009 - 45 day waiting period. Answered questions from vendors
Mid August, 2009 thru End October , 2009- review of submitted documents & selection of vendor(s)
Early November, 2009 thru Mid November, 2009 - Submission of 466-A & Supporting Info, Certification of Vendor(s)
Late November, 2009 - Funding Commitment Letter issued
Late November, 2009 thru Early December, 2009 - Submission of 467 & Supporting documentation in addition to the starting of project build out.

* Timeline provided is based on best case scenario developed by the Project TWG and is subject to change based on any unforseen circumstances

Seventh Quarterly Report ~ January 29, 2010

Early July, 2009 - final approval of RFP and supporting documentation, submission & posting
Mid July, 2009 thru Mid August, 2009 - 45 day waiting period. Answered questions from vendors
Mid August, 2009 thru End January, 2010 - review of submitted documents & selection of vendor(s)
Early to Mid February, 2009 thru Mid November, 2009 - Submission of 466-A & Supporting Info, Certification of Vendor(s)
Late February 2010 thru Early March 2010- Funding Commitment Letter issued
March 2010- Submission of 467 & Supporting documentation in addition to the starting of project build out.

Timeline provided is based on best case scenario developed by the Project TWG and is subject to change based on any unforseen circumstances

Self Sustaining Network:

Our network is currently still in the design and development phase.

October 30, 2008 - Sustainability Plan

Financial Sustainability:
Although our network is still in the design and development phase, and more information is required to have an accurate sustainability plan, we are currently exploring the following three areas for sustaining the project beyond the original grant period:

1) Continuing with the RHCP program with continuation funding from the FCC either at the current subsidiy rates or a gradually sliding scale of subsidy rates

2) Transitioning the eligible rural partners to the regular FCC rural healthcare subsidized broadband access program currently being administered by USAC

3) Working with the NY State Department of Health - Office of Health Information Technology, as well as with two other similar projects in the State to explore continuation of subsidies for all partners through State funding

Operational Sustainability:

The WNY R-AHEC, the lead agent in this project, is currently working on plans to develop a centralized telehealth infrastructure and server core that will be available to all of our partners connecting via the proposed WNY Rural Broadband Healthcare Network. This will enable all partners to develop telehealth, imaging, EHR, distance learning, clinical collaboration, and many other medical information exchange applications which will improve and enhance the access to affordable, quality healthcare and healthcare educationin our rural communities.

To this extent, we are exploring evaluation projects for clinical applications in telepsychiatry, teleICU, and teledentistry between some of our rural and urban partners. We firmly believe that the key to the long-term sustainability of our proposed WNY Rural Broadband Healthcare Network is the development of healthcare information exchange applications by our partners that will utilize the available broadband network to its fullest in delivering healthcare informations to our rural patients and clinicians.

Self Sustaining Network:

Our network is currently still in the design and development phase.

January 30, 2009 - Sustainability Plan

SUSTAINABILITY PLAN FOR THE WNY RURAL BROADBAND HEALTHCARE NETWORK (WNY R-BHN)

The WNY R-AHEC and its partners in the WNY RBHN project recognize that the primary challenges for most healthcare networks across the country are developing and implementing strategies to achieve financial sustainability. While we have successfully obtained initial RHCPP funding to initiate our projects, we fully realize that the funding is not a long-term solution for the network's financial sustainability. Recurring revenue streams must be developed to operate and expand network services, and generating a reliable revenue stream is dependent on demonstrating value and benefit to stakeholders and users.
Therefore, all stakeholders will collaborate to define and assess the potential value created by a regional collaborative healthcare network. That value assessment will guide development of an appropriate model to develop a sustainable framework of governance, to build other layers of the collaborative technology model, to develop partnerships with State agencies working on HIT infrastructure and applications, and to generate sustainable revenue for this network project.

The WNY RBHN project consortium has used the Common Principles from the eHealth Initiative's Connecting Communities Toolkit to define a sustainable working business and operational model for the partnership.

1) Governance
The key step to ensuring sustainability planning is the formation of the WNY RBHN project governance model with the Business Advisory Board and the Technical Advisory Board at the start of the project. These boards provide direction and leadership for implementing sustainability-planning activities and ensuring that key stakeholders remain involved and supportive of the project beyond implementation. The boards will also coordinate planning activities, collect and analyze information, develop sustainability models, and execute the resulting sustainability plan.

2) Developing and Expanding Layers 2 and 3 of the 3-layer Rural Collaborative Healthcare Technology Model
To ensure sustainability of the project, the WNY R-AHEC and our WNY RBHN consortium partners will leverage our collective experience to develop the centralized healthcare technology infrastructure that will facilitate connectivity and usage of telemedicine and distance learning systems by the users of our network. This infrastructure (see schematic on page 7) will comprise of firewall traversal systems, content servers, PC-based video-conferencing servers, network management suites and other such systems, which will enable all members of the WNY RBNH partnership to connect their clinical and educational systems to a centralized meeting place from where they can connect to any peer systems.

3) Working with the NY State Department of Health – HEAL Project and the NY eHealth Collaborative (NYeC)
The WNY RBHN project (a Layer 1 initiative) will complement two other projects (Layer 3 initiatives) taken by the New York State Department of Health and the NY eHealth Collaborative that are advancing health information technology initiatives throughout the State. Both these organizations have identified a strategic value in the WNY RBHN as the transport layer for all the healthcare technology applications that they are developing, especially to reach the rural and most under-served healthcare facilities in the State.

Self Sustaining

Once the network infrastructure capabilities are deployed, telemedicine and telehealth applications can be further expanded, deployed, and utilized. At this time, WNY R-AHEC will institute a sustainable hybrid cost model consisting of annual member subscription fees and per transaction costs. Annual member subscription fees will be based on the ongoing costs associated to supporting and operating the network infrastructure and information management. Members will be responsible for an annual membership fee based on their original commitment to the network project, and an allocation of the expected network costs for the subsequent year. In addition, members will pay a transaction fee based on utilizing the telemedicine and telehealth capabilities on a per transaction data inquiry basis. This supports the group's vision of fairly distributing costs to the entities that utilize the network and applications the most frequently, and gain the most benefit from usage of telecommunications.

5) Transitioning RHCPP Partners to Traditional Rural Broadband Healthcare Program
The WNY R-AHEC is in hopes that the current Pilot Program will be able to continue, with some form of subsidy still available after Year 5. However, in the event that the Pilot Program does not continue WNY R-AHEC is going to use the experience, lessons learned and gained through the Pilot Program to transition the qualifying partners into the traditional rural broadband healthcare program. The WNY R-AHEC will be the technical and administrative resource for all of the partners to help them transfer to the Regular Program smoothly by processing their paperwork and reviewing the requirements of the Regular Program with each individual facility.

6) Long-term Network Sustainability
The WNY R-AHEC is also participating in discussions with our neighboring rural broadband healthcare projects Adirondack Champlain Telemedicine Information Network and North Country Telemedicine Project to explore interconnectivity options, as a precursor to the development of a NY State Healthcare Broadband Network. Preliminary discussions were held with the Office for HIT Transformation at the NYS Department of Health. We believe such a network will truly help realize the value of the HIT applications and the overall economies of scale in patient care and healthcare costs.

Our Network is still currently in the design and development Phase.

April 30, 2009 - Quarterly Report

Sustainability Plan for Western New York Rural Broadband Healthcare Network (WNY RBHN)

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To ensure sustainability of the project, the WNY R-AHEC and our WNY RBHN consortium partners will leverage our collective experience to develop the centralized healthcare technology infrastructure that will facilitate connectivity and usage of telemedicine and distance learning systems by the users of our network.

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(a) The HEAL NY Program - Phase I: HEAL NY HIT Initiative
(b) The New York eHealth Collaborative (NYeC)

4) RCHPP Partners of the WNYRBHN will be contributing the 15% towards eligible expenses, and that the partners of the WNYRBHN will be using eligible sources of funding to cover that 15%.

5) Transitioning RHCPP Partners to Traditional Rural Broadband Healthcare Program
The R-AHEC is in hopes that the current Pilot Program will be able to continue, with some form of subsidy still available after Year 5. However, in the event that the Pilot Program does not continue R-AHEC is going to use the experience, lessons learned and gained through the Pilot Program to transition the qualifying partners into the traditional rural broadband healthcare program. The R-AHEC will be the technical and administrative resource for all of the partners to help them transfer to the Regular Program smoothly by processing their paperwork and reviewing the requirements of the Regular Program with each individual facility.

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July 30, 2009 - Quarterly Report

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(a) The HEAL NY Program - Phase I: HEAL NY HIT Initiative
(b) The New York eHealth Collaborative (NYeC)
(c) New York State Office of Health Information Technology (OHITT)
(d) Regional Health Information Organziations (RHIOs)
(e) Community Health Information Technology Adoption Collaborative (CHITA)

4) RCHPP Partners of the WNYRBHN will be contributing the 15% towards eligible expenses. WNYRBHN partners are assessed a tiered-fee, based on their organization's size, for the coordination and project management expenses (ineligible expenses) for the design, planning, and implementation phases of the project. Members will be responsible for an annual membership fee based on their original commitment to the network project, and an allocation of the expected network costs for the subsequent year.

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The R-AHEC is in hopes that the current Pilot Program will be able to continue, with some form of subsidy still available after Year 5. However, in the event that the Pilot Program does not continue R-AHEC is going to use the experience, lessons learned and gained through the Pilot Program to transition the qualifying partners into the traditional rural broadband healthcare program. The R-AHEC will be the technical and administrative resource for all of the partners to help them transfer to the Regular Program smoothly by processing their paperwork and reviewing the requirements of the Regular Program with each individual facility. In addition to this project creating the foundation essential for legislative movements in New York State legislature to create budgetary allocations to the sustainability of this network, as well as the other two funded in NY State. This idea will be strengthened by allowing the state's health care agencies to

Self Sustaining ~ October, 2009 ~ Quarterly Report
The R-AHEC and its healthcare partners have constructed a consortium to plan and implement a 3-layer model that will connect all participating hospitals and clinics in the rural and under-served areas over a dedicated broadband Internet Protocol (IP) network to a centralized conferencing and server core at the R-AHEC data center facility located in Batavia, NY, which aggregates, and expands the primary- and secondary-care capacities of these hospitals and clinics for telemedicine, radiological imaging, and community-based health information exchange, as well as clinical collaboration, mentoring, and distance learning and education applications. The R-AHEC plans aggregate need to leverage the efficiencies of the healthcare technology to the maximum advantage for delivering quality and affordable primary and secondary healthcare services across rural communities in New York State.

Layer 1: In order for these hospitals and clinics to bridge the disparities that exist in their communities to access affordable, quality healthcare, and to build the sufficient healthcare capacities to adequately serve their populations, it is imperative that they all have the adequate telecommunications bandwidth to connect with clinical and educational hubs located in the nearby urban areas such as Buffalo, Rochester, and elsewhere in NY State. This broadband connectivity is represented as Layer 1 of the 3-layer Rural Collaborative Healthcare Technology Model .

Layer 2:
While broadband connectivity in Layer 1 provided the critical interconnection between the facilities, its value and utility is significantly enhanced if the partnering hospitals and clinics have access to the Conferencing Infrastructure and Data Servers, which facilitate the transactions of telemedicine, radiological imaging, and community-based health information exchange, as well as enable clinical collaboration, mentoring, and distance learning and education applications between the rural and urban partners. This conferencing and server core is represented as Layer 2 of the 3-layer Rural Collaborative Healthcare Technology Model shown below.
By having the necessary centralized network infrastructure elements the rural partners can actually start realizing the value from the broadband connectivity and start developing clinical and educational applications with their urban partners .

This cost-effective and sustainable Rural Collaborative Healthcare Technology Network Model will be tightly integrated with the technical and clinical expectations/requirements of a National Healthcare Information Network (NHIN), the Centers for Diseases Control (CDC), the National Institutes of Health (NIH), and the Department of Homeland Security.

Layer 3:
This project leverages the efficiencies and efficacies of the recent innovations in healthcare technologies to improve access to primary and secondary care for the residents of the rural and under-served communities in Western NY, and to expand opportunities for clinical collaboration and distance-learning for the clinicians and clinical staff in the rural community clinics and hospitals.

The 3-layer Rural Collaborative Healthcare Technology infrastructure will support the Care Model Process developed as a part of the HRSA Health Disparities Collaboratives (HDC) - a national effort to reduce disparities and to improve delivery systems of healthcare for minority and low income populations in the U.S. through the introduction of systemic

delivery systems of healthcare for minority and low income populations in the U.S. through the introduction of systemic quality improvements aimed at the management of chronic diseases that collectively account for much of the excess mortality and morbidity experienced these populations. Recently reported results from a study of a large group of collaborative sites showed marked improvement in health status, improved use of primary care, and reductions in sporadic and ineffective use of care.

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(a) The HEAL NY Program - Phase I: HEAL NY HIT Initiative
In order to effectively reform and reconfigure New York State's health care delivery system and encourage improvements and efficiency in operations, the New York State Department of Health announced the availability of funds totaling $2 billion under the Health Care Efficiency and Affordability Law for New Yorkers - the HEAL NY Program - a multi-year, multi-phased program with two primary objectives:
• To identify and support development and investment in HIT initiatives on a regional level; and
• To identify and support the funding of restructuring plans undertaken in regional health care service delivery areas that result in improved stability, efficiency, and quality of the health care services in the region.

The HEAL NY Program administered in phases, and with multiple Requests for Grant Applications issued over the past few years, is targeted at both restructuring and further investments in HIT initiatives with a focus to:
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1. Assist in building an infrastructure in New York State to share clinical information among patients, providers, payers and public health entities;
2. Support the statewide adoption of systems compatible with the Strategic HIT Plan that is being developed at the federal level; and
3. Be able to be a part of the planned national network for sharing patient data.

(b) The New York eHealth Collaborative (NYeC)
The New York eHealth Collaborative (NYeC) is a public-private partnership and statewide governance body playing an integral role in the development of information policies through a consensus-based approach as part of New York State's health IT strategy. NYeC's key responsibilities include (1) convening, educating and engaging key constituencies, including health care and health IT leaders across the state, RHIOs, CHITAs and other health IT initiatives; (2) developing health information policies, standards and technical approaches; and (3) evaluating and establishing accountability measures for New York State's health IT strategy.

NYeC leads the Statewide Collaborative Process through an open, transparent, and consensus driven manner to which all contribute to ensure a comprehensive policy framework to advance health IT in the public's interest. This process is driven by the efforts of four workgroups which recommend policies, standards, technical approaches and services to the NYeC Policy and Operations Council, the NYeC Board and the Department of Health. The New York eHealth

Self Sustaining ~ January, 2010 ~ Quarterly Report

Our sustainability plan is still currently the same as above, although we continue to work on it daily for final submission within the next month with more exact details and numbers.

* New information for the quarterly report appears in the purple, bold, italic font

Telemedicine Benefits

A) Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program Application:

At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project. At this time the plans for the design of the network are consistant with the goals and objectives outlined in our Pilot Program application.   The only changes anticipated from the original application will be addition of new eligible and ineligible partners consistant with the guidance provided in the FCC Order.

B) Explain how supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute:
At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

C) Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities:
At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

D) Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, or private health care institutions that are repositories of medical expertise and information:
At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

E) Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a nation crisis.
At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

<u>Please note</u>: While we are developing the RFP for our network the Western New York AHEC and its Pilot Program Partners are developing the framework for evaluating clinical telemedicine and distant health care education applications. Discussions are currently underway between rural and urban partners in developing Pilot Projects for telemedicine and distance health education in preparation for the broadband access and services that will be provided throught the FCC Pilot Project.

Provide Detail on how the supported network has complied with HHS health IT initiatives:

A) Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary:

At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

B) Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology:

At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

C) Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations:

At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

D) Explain how the supported network has used resources available to HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology:

At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

E) Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives:
At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

F) Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations:
At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.

Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.

At this time we have just completed the posting of our RFP, and are currently working on the selection of our vendor(s) of our project.